

FILED NOV 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39636

BIRTH NO.		REG. DIST. NO. 358		PRIMARY REG. DIST. NO. 6215		Registrar's No. 20	
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Vernon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Osage		c. LENGTH OF STAY (in this place) 4 Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Osage		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. #3 Rich Hill, Mo.				d. STREET ADDRESS (If rural, give location) R.F.D. #3 Rich Hill, Mo.			
3. NAME OF DECEASED (Type or Print) ADA		a. (First) ANN		c. (Last) SEATER		4. DATE OF DEATH (Month) (Day) (Year) Nov. - 11 - 1950	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH November-18-1885	
9. AGE (in years last birthday) 64		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Summerset England	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Arthur Ham		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE George Seater	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Albert Seater Rich Hill, Mo. #3			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				MEDICAL CERTIFICATION <i>Longtime heart failure</i> <i>Septicemia</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				INTERVAL BETWEEN ONSET AND DEATH 11/4/4X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 1944, to Jan 11, 1950, that I last saw the deceased alive on Nov 9, 1950, and that death occurred at 9:00 a.m. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Dr. Charles H. Allen M.D.</i>				23b. ADDRESS <i>Rich Hill, Mo.</i>			
23c. DATE SIGNED <i>Nov 14 1950</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 15, 1950		24c. NAME OF CEMETERY OR CREMATORY Balltown Cem.	
24d. LOCATION (City, town, or county) (State) Vernon County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE <i>Booth's Service</i>		ADDRESS Rich Hill, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED NOV 20 1950

Dist. File 1150-2316

Date Filed 11-27-50

DEC 8 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by-----

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 3585

P. O. Address Butler, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.